



BOONE-CLINTON-NORTH WEST HENDRICKS JOINT SERVICES

Classroom Sensory Checklist

FORM COMPLETED BY: _____

Student _____ Date _____ School _____

Grade _____ Teacher _____ DOB _____

Touch

- Become fearful, aggressive, or anxious with unexpected touch (standing/walking in line, during circle time, gym)**
- Dislikes having glue, paint, tape, playdoh, etc. touching hands**
- Washes hands excessively during/after "messy" activities**
- Difficulty tolerating close, or hand-over-hand assistance**
- Excessively touches people or objects**
- Mouths objects frequently (clothes, pencils, etc.)**
- Doesn't seem to notice when hands/face are dirty**
- Rubs skin on a spot where touched**
- Overreacts/under reacts to pain**

Comments:

Vestibular

- Constantly moving- in chair, standing in line, at recess (tips chair, fidgets with objects, seeks swinging/sliding)**
- Poor balance/coordination (clumsy)**
- Fearful of swinging, slides, spinning, etc. on playground equipment**
- Has difficulty with visual tracking, easily loses place while reading, copying from board, etc.**
- Becomes anxious when feet leave the ground or head is inverted**
- Fearful of climbing/descending stairs, hold tightly to handrails**

Comments:

Proprioception

- Has a weak grasp
- Tires easily
- Uses too much/too little pressure while writing
- Rips paper when erasing often
- Frequently drops objects
- Chews on objects often while working
- Seeks heavy jumping, crashing, bumping activities with peers/objects
- Kicks feet on desk/floor/chair frequently

Comments:

Visual

- Spins/shakes objects and watches them
- Difficulty putting puzzles together
- Looks intently at objects/people
- Has trouble finding objects against cluttered background (objects on desk, cubby, on worksheet, etc.)
- Seems sensitive to bright lights, prefers dim lighting
- Easily distracted by visual input (movement in hallway or window, decorations, etc.)
- Loses place easily when reading, difficulty copying from board

Comments:

Auditory

- Does not respond when you call their name (when you know hearing is ok)
- Startles frequently
- Overly anxious/distressed with fire alarm, convocations in gym
- Covers ears frequently
- Easily distracted by auditory input from hallway/classroom
- Overly sensitive to background noise (air conditioner, pencil sharpener, radio, etc.)

Comments:

***** FOR OFFICE USE ONLY *****

OT Evaluation: _____ Needed _____ Not needed

Signature/Title _____ Date _____ Page 2